



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#15/C
8-29-03
cm

In re Application of:)
MASAHIKO YOKOTA) Examiner: T. Nguyen
Application No.: 09/388,373) Group Art Unit: 2174
Filed: September 1, 1999)
For: USER INTERFACE DISPLAY) August 19, 2003
APPARATUS AND METHOD OF)
CONTROLLING SAME)

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Technology Center 2100

Mail Stop Amendment

(Fee)

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, the Examiner is respectfully requested to
amend the above-identified application as follows:

08/20/2003 EFLORES 00000018 09388373

01 FC:1202

126.00 0P



2174
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In re Application of:

Docket No.: 00862.003008

MASAHICO YOKOTA

Application No.: 09/388,373

Examiner: T. Nguyen

Filed: September 1, 1999

Group Art Unit: 2174

For: USER INTERFACE DISPLAY APPARATUS
AND METHOD OF CONTROLLING SAME

Date: August 19, 2003

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TC 2100

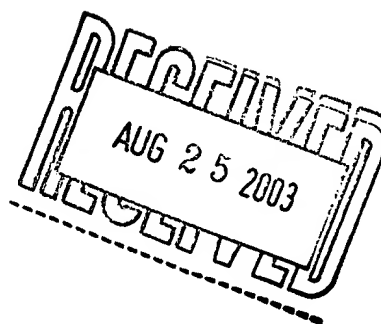
MAIL STOP AMENDMENT

(Fee)

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450



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Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ An additional fee is required.

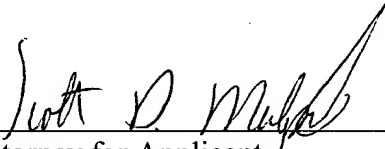
The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30	MINUS	23	= 7	x \$9 \$18	\$126.00
INDEP. CLAIMS	7	MINUS	8	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$126.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☒ A check in the amount of \$ 126.00 is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Scott D. Malpede
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

SDM:mmm

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